



December 21, 2016

RE: Response to Suffolk Care Collaborative (PPS ID #16) Midpoint Assessment Initial Recommendation

Dear Independent Assessor:

The Suffolk Care Collaborative, PPS ID #16 (SCC) is writing in response to the *Delivery System Reform Incentive Payment Program (DSRIP) Independent Assessor Mid-Point Assessment Report: Suffolk Care Collaborative*. The SCC has thoroughly evaluated our recommendation report and resulting risk assessment scores for each Organizational Work Stream and Project. Overall, we are pleased with the assessment scores and positive acknowledgments of the SCC’s programs’ progress to date.

We’ve prepared the following response to the Midpoint Assessment Initial Recommendation received:

Section	Focus Area	IA Recommendation
Organizational	Partner Engagement	The IA recommends that the PPS review its Partner Engagement reporting and develop a plan for engaging network partners across all projects to ensure the successful implementation of DSRIP Projects.

Section 1: Provider Engagement PIT Reporting Constraints

We feel certain constraints impacted our ability to demonstrate the number of providers and partners engaged throughout our DSRIP portfolio of projects. The following five constraints have been identified which may have led to the perception of limited provider engagement:

1. The SCC was evaluated on Provider Engagement based on PIT reporting through DY2 Q2. The SCC feels this is a time constraint relative to our SCC Contracting Plan & Schedule. There has been much progress in partner contracting since DY2Q2. This is further described in the Actual Provider Engagement Table, found in [Section 3](#) below. For example, we have increased our Primary Care network contracted by 296 providers or 364% increase since the DY2Q2 Quarterly Report submission.
2. Prior to the commencement of DY2, the NYS DOH announced each PPS could appeal provider type misclassifications. The SCC evaluated our network provider’s provider type classifications and submitted these to the NYS DOH. To date, the misclassifications have not been reconciled. We’ve quantified the number of misclassifications in an Actual Provider Engagement Table below as of DY2Q2, which will be further compounded with additional contracted providers as outlined in [Section 3](#).

Provider Type	NYS DOH PIT Submission DY2Q2	SCC Actual Contracted DY2Q2	Count of DOH Misclassifications	% of DOH Misclassifications
PCP	112	145	33	29%
Hospitals	7	7	0	0%
SNF	34	35	1	3%
BH	43	61	18	42%
Non-PCPs	229	215	-14	6%

3. Organizations without an NPI number are automatically categorized in an “Uncategorized” or “Community Based Organization” category. At the time of PPS additions, if we did not have an NPI for a group of organizations, these

organizations were added to the “Uncategorized” or “Community Based Organization” category. Through our contracting process we’ve captured NPIs and would like to update the PIT and categorize the organizations correctly. Unfortunately the tool does not allow us to correct this. The misrepresentation of “Uncategorized” or “Community Based Organization” adversely impacts our Provider Engagement commitment counts.

4. The SCC flows funds to “contracting entities” that are representative of employed networks of providers. The PIT tables do not account for funds flow to employed providers within an organization. When aggregate reports are created to demonstrate funds flow by provider type categories, the numbers do not necessarily reflect the SCC’s anticipated funds flow distribution at the provider level for large contracted organizations
5. Currently, the Budget Tables are required to match the Funds Flow Tables in the MAPP tool. The Funds Flow tables are automatically generated through PIT entries of funds flow to providers. The PIT table does not include an area of funds flow to vendors that are not PPS network providers to balance the Budget Tables. We would recommend including an option to report funds flow to vendors under the Funds Flow Tables. This currently causes a misrepresentation of funds flow to provider categories.

Section 2: Approach & Progress to Program Implementation by “Unit Level”

The SCC used the [NYS DOH DSRIP Quarterly Review Process Guidance](#) document to create our DSRIP project schedules, [SCC Coalition Partner Participation Manual](#), and approach for Provider Engagement across DSRIP projects. The guidance specified which Domain 1 project requirements had specific “Unit Level” prescribed scope of work. The SCC understands we’ll need to engage the specific provider type indicated in the “Unit Level” column of the guidance tool to complete the Project Requirement.

The SCC is monitoring our progress towards meeting our Project Implementation AV i.e. provider engagement speed and scale commitments for these “Unit Level” project requirements. An update on our progress to date is outlined below for all prescribed project requirements due 3/31/2017:

DSRIP Project Number & Project Requirement (PR) Number	Unit Level Provider Type	Unit Level Commitment	SCC Contracted YTD	% of Commitment Contracted
Project 2biv; PR #4 (TOC)	Hospital	6	10	167%
Project 2biv; PR #4 (TOC)	Non-PCP	1615	1184	73%
Project 2biv; PR #4 (TOC)	PCP	408	408	100%
Project 2bvii; PR #1,2,4,6 (INTERACT)	SNF	38	38	100%
Project 2bvii; PR #8 (RHIO)	SNF	33 (SN)	33	100%
Project 2bvii; PR #8 (RHIO)	Hospital	5 (SN)	10	200%
Project 2di; PR#13 (PAM Providers)	PAM Providers	350	200	57%
Project 3bi; PR # (Engage 80% PCPs)	PCP	326	408	125%
Project 3bi; PR#18 (Million Hearts)	PCP	408	408	100%
Project 3bi; PR#18 (Million Hearts)	Non-PCP	1615	1184	73%
Project 3bi; PR#18 (Million Hearts)	BH	126	345	274%
Project 3bi; PR#20 (Engage 80% PCPs)	PCP	326	408	125%
Project 3ci; PR # (Engage 80% PCPs)	PCP	326	408	125%
Project 3dii; PR # (Engage 80% PCPs)	PCP	326	408	125%

We are confident in our project plan, schedule and active strategies implemented to meet and/or exceed commitments described above.

Section 3: Actual Provider Engagement Table

The SCC has provided a table to demonstrate actual provider engagement through contracting and DSRIP program implementation to date.

Definitions

- **NYS DOH PIT Submission DY2Q2:** The count of provider engagement represented by the DY2 Q2 Quarterly Report Submission of the PIT Table. This includes the misclassifications as earlier stated in this letter.

- **SCC Actual Contracted YTD:** The cumulative number of providers/organizations contracted year-to-date (YTD).
- **Progress:** The progress in contracting with providers/organizations since the SCC DY2Q2 Quarterly Report Submission of the PIT Table.
- **Targets Remaining to Meet Commitments:** The number of providers/organizations SCC is targeting to contract in the near future. This number is directed via our Provider Engagement speed and scale commitments.

<i>Provider Type</i>	<i>NYS DOH PIT Submission DY2Q2</i>	<i>SCC Actual Contracted YTD (December)</i>	<i>Progress</i>
PCP	112	408	+296
Hospitals	7	10	+3
SNF	34	38	+4
BH	43	345	+302
Non-PCPs	229	1184	+955

Closing Remarks

As our Domain 1 Project Requirements completion dates near, we are extremely confident in our current and future strategies to meet and exceed expectations beyond what is prescribed via our DSRIP Project Plans. To support the continued success of the DSRIP Program and overcome documented constraints under Provider Engagement PIT reporting and standardization, we would welcome the opportunity to collaborate on solutions.

In closing, based on the information provided, the SCC kindly requests reconsideration of the one Initial Recommendation provided by the IA related to Partner Engagement.

For more information, please contact us directly at (631) 638-1318.

Respectfully Submitted,

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